

Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME

M.E.B. Construction Painting Contractor

ADDRESS

Rt. 1, Box 386 - B

CITY

Espanola

STATE

NM

ZIP CODE

87532

PHONE

505-747-9480

FAX

505-747-9480

EMAIL:

None

PRIMARY CONTACT:

Michael A. Baros

TYPE OF CONSTRUCTION WORK (Check all that apply)

☐ General----List Primary Expertise _____

☐ Site Work

☐ Demolition

☐ Exterior Utilities

☒ Paint

☐ Structural

☐ Steel Fencing

☐ Masonry

☐ Mechanical (HVAC/Plumbing)

☐ Carpet

☐ Roofing

☐ Building

☐ Electrical

☐ Mechanical

☐ Clean Room

☐ Fire Protection

☐ Nuclear Facility

COMPANY PROFILE:

How many years has your organization been in a business as a construction contractor?

1 year

How many years has your organization been in the construction business under its present business name?

1 year

Under what former names has your organization operated?

N/A

List the names and titles of the key individuals of your organization, years with firm, educational training and qualifications.

Michael Baros Sr. – 1 year – 20 years Painting all Aspects

Michael Baros Jr. – 1 year – 5 years plus apprentice program

List the categories of work that your organization normally performs with its company personal.

Painting – interior and exterior, structural, tanks, & pipes
New Construction & Remodel
Radiation Cover-up; fixed contamination

List the major projects your organization has in progress or has completed in the past five years, owner, contact amount, date/expected completion, percentage performed with its company personal

List your Trade References

Well Born Paints, KWAL Paints, Home Depot

List your Surety Company or your banking affiliates.

Western Surety

What is your organization's current bonding rate?

Single ___100,000_____ Aggregate _____

Has your firm entered into a contract that had to be completed by your surety within the past five years?

Yes ☐ No ☒

List your Contractor's New Mexico license classification(s):

GS07, GS18

Safety History:

List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Rate Type: Interstate _____, In-State _____ x _____, Monopolistic _____

Insurance Carrier:

Farmers

What is your firm's North American Industrial Classification System (NAICS) code?

Unknown

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.

☐ Woman owned ☐ Small Business x☒ Small Disadvantaged ☐ 8(a) ☐ Large ☐ Veteran
☐ Disabled Veteran ☐ HUBZone

Present number of employees

x☒ 1-20 ☐ 21-40 ☐ 41- 60 ☐ 61 – 100 ☐ Over 100